

Image# 12970365762

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FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Crossroads Grassroots Policy Strategies(b) Address (number and street) ☐ check if different than previously reported
1401 New York Avenue NW, Ste 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001655**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
01 / 26 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2012

D D D / Y Y Y Y Y Y

2012

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2012

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

(b) Communication Title Entry Level**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Caleb Crosby

(b) Address (number and street)

1401 New York Avenue NW, Ste 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

Crossroads GPS

(e) Occupation

CFO

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

40401.96

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Caleb Crosby

SIGNATURE

Caleb Crosby

[Electronically Filed]

DATE

02/02/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.